

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SCROLL NO.

FILING DATE

10/580501

APPLICATION

CLAIMS

	AS FILED		AFTER + AMENDMENT		AFTER - AMENDMENT			AS FILED		AFTER + AMENDMENT		AFTER - AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								51					
3								53					
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45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL REQ.	2												
TOTAL REQ.	2												
TOTAL CLAIMS	5												
TOTAL CLAIMS	5												
TOTAL CLAIMS	5												